

REQUEST FOR HIRING FREEZE EXEMPTION

Request Date: _____ Request Number: _____

Department Org Code: _____ Department Name: _____

Agency Org Code (if applicable): _____ Agency Name (if applicable): _____

Does this request include attachments? Yes ☐ No ☐ Please indicate the total number of pages: _____

A. Type of Exemption: (choose one)

- | | |
|--|--|
| <input type="checkbox"/> New hire(s) | <input type="checkbox"/> Permanent Intermittent Appointment(s) |
| <input type="checkbox"/> Increased Time Base(s) | <input type="checkbox"/> Appointments in addition to Current Position(s) |
| <input type="checkbox"/> Promotion(s), excluding Promotions-in-Place | <input type="checkbox"/> Interdepartmental Transfer(s) |
| <input type="checkbox"/> Seasonal Appointment(s) | <input type="checkbox"/> Other, Specify _____ |

B. Reason for exemption(s):

C. Consequence if exemption(s) not granted:

D. Will exemption(s) result in future exemption(s)? YES ☐ NO ☐; if yes, provide explanation:

E. Appropriation:

Item of Appropriation	Amount of Appropriation
- -	\$ _____
- -	\$ _____
- -	\$ _____
TOTAL:	\$ _____ 0

F. Position Data:

Position Number: _____
Classification Title: _____
Salary Range: _____
Requested Effective Date: _____

Contact Person: _____ **Telephone Number:** () - ext. _____
(type or print)

G. Signature:

I certify that the above requested action has been evaluated and that the needs described above cannot be met in any other manner than by obtaining this exemption.

Department Director Date

Agency Secretary (if applicable) Date

Department of Finance, Program Budget Manager Date